STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155773	A. BUILDING 00 B. WING	08/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE AT SOLARBRON, THE	1701 MCDOWELL ROAD EVANSVILLE, IN47712

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for a Recertification and State Licensure Survey. Survey Dates: August 22, 23, 24, 25, 26, 29, 2011 Facility Number: 010930 Provider Number: 155773 AIM Number: N/A Survey Team: Diane Hancock, RN TC Amy Wininger, RN 8/25, 8/26, 8/29/11 Census Bed Type: SNF = 28 Residential= 36 Total= 64 Census Payor Type: Medicare = 11 Other= 53 Total= 64 Sample: 10 Residential Sample: 7 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F0328 SS=D	Quality review 8/31/11 by Suzanne Williams, RN The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. Based on observation, interview and record review, the facility failed to ensure 1 of 2 sampled residents utilizing oxygen therapy, in the total sample of 10, received the oxygen at the ordered flow rate. (Resident #22) Finding includes: Resident #22 was observed, on 8/22/11 at 11:16 a.m., to be up in a chair in his room, with his oxygen set at 3 liters per minute via nasal cannula. RN #1 indicated, during interview at that time, the resident had returned from the hospital after having pneumonia. Resident #22 was observed, on 8/23/11 at 9:00 a.m., to be in the therapy area, seated in a wheelchair. He had a portable oxygen tank with him. The oxygen was set on 3 liters per minute. He was observed again, at 12:15 p.m. on 8/23/11, to be in his room with his oxygen rate set	F0328	Preparation and Execution of thisResponse and Plan of Correction do not constitute an admission oragreement by the provider of the truth of the facts alleged orconclusions set forth in the statement of deficiencies. This Plan ofCorrection is prepared and/or executed solely because it is requiredby the provisions of federal and state law. Credible Allegation of Correctionand Compliance: For purposes ofany allegation that The Terrace at Solarbron is not in compliance with the regulations as set forth in this statement of deficiencies,this Plan of Correction constitutes and facility's credible allegation of correction and compliance. F 328 ***Whatcorrective action(s) will be accomplished for those residents foundto have been affected by the deficient practice?*** Resident #22 was put on hourly checks to ensure the resident was receiving the correct amount of oxygen liter flow and maintenance of oxygen saturation	09/05/2011

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	at 3 liters per minute. On 8/25/11 at 12:45 p.m., Resident #22 was in his room. His oxygen was set at 4 liters per minute. LPN #1 was interviewed at 12:55 p.m. She indicated his oxygen was supposed to be on 2 and 1/2 liters per minute. At 1:15 p.m., LPN #1 indicated she had gone to check the resident and the oxygen had been on 4 liters per minute and she had dropped it down to 2.5 liters as ordered. She indicated she would be rechecking his oxygen saturation level; it had been 98 percent on the 4 liters. Resident #22's clinical record was reviewed on 8/23/11 at 11:30 a.m. The resident had been admitted to the facility on 8/16/11, with diagnoses including, but not limited to, pneumonia, chronic obstructive pulmonary disease, and shortness of breath. Physician's orders, signed 8/16/11, indicated the resident's oxygen orders were for "O2 [oxygen] @ 2 1/2 L/NC [liters per nasal cannula] cont. [continuous] Keep O2 sat [saturation] > [greater than] 90%." On 8/26/11 at 3:30 p.m., the resident's oxygen settings were discussed with the Director of Nurses and the Administrator. They wondered aloud whether or not the resident's family member had increased		levels. The resident's wife was educated regarding the importance of the maintaining the ordered level of oxygen liter flow for her spouse as well as the possible harmful effects of non-compliance of the physician's order. ***How will other residents having the potential to be affected by the deficient practice be identified and what corrective actions will be taken?*** All residents utilizing oxygen had the potential to be affected. Anaudit was completed on all residents utilizing oxygen and no other residents were found to be affected by the alleged deficiency. Residents receiving oxygen will be checked every shift for liter flow accuracy and oxygen saturation levels. These finding will be placed on the resident Treatment Administration Record. ***What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?*** All nursing staff will be in-serviced on care planning the utilization of oxygen and the importance of ensuring the residents receive services as prescribed by their physician. In addition, staff will be instructed to add oxygen liter flow rates and saturation levels on the 24 hour report. Upon admission, residents with orders for oxygen will be care planned and monitored for proper utilization. A	

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	the oxygen, and further indicated they would put the resident on hourly checks to ensure oxygen was set on ordered liters/minute. 3.1-47(a)(6)		new Care Plan has been devised for residents who utilize oxygen that will include monitoring every shift for correct oxygen liter air flow and oxygen saturation levels. Furthermore, the new Care Plan will also include education to resident and their families on the importance of NOT self adjusting the liter flow rates and that oxygen flow rates must befollowed as prescribed by the physician. ***How will the corrective action be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place?*** All residents who utilize oxygen will be audited by the Director of Nursing or his/her designee upon admission for liter flow levels and oxygen saturation levels daily x 1 week, then weekly x eight weeks and randomly x 3 each quarter to ensure resident receives and utilizes oxygen as ordered. Findings from the audits will be reviewed weekly IDT meetings and quarterly by the Quality Assurance Committee for one year.	